

FILED FEB 27 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7150

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 47

0972

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0972

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | |
| c. LENGTH OF STAY (in this place) <u>11 days.</u> | | d. STREET ADDRESS (If rural, give location) <u>617 North Odell</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Deis</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 22-51</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 9-1871</u> |
| 9. AGE (In years last birthday) <u>79</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Own Grocery Store</u> | 11. BIRTHPLACE (State or foreign country) <u>Palmyra, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>General Groceries</u> | 13a. FATHER'S NAME <u>Henry C. Deis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Goetze</u> |
| 13c. DATE OF BIRTH | | 14. NAME OF HUSBAND OR WIFE <u>Bertha M. Deis-Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Deis - Marshall, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 572X | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Feb 17</u> , 19 <u>51</u> , to <u>Feb 22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>James A. Reid</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Marshall, Mo.</u> | 23c. DATE SIGNED <u>2-24-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/25/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 24-1951</u> | REGISTRAR'S SIGNATURE <u>Wiley T Gray</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Surrage Marshall, Mo.</u> | |

RECEIVED 2 26 51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2 26 51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

J. Leali Swanson

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.